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THE MEDICAL MISSION SISTERS

Who they are:

The Medical Mission Sisters are a religious community devoted to the care of the sick in the missions. Some of the Sisters are doctors, nurses or pharmacists; others are engaged in secretarial, household and similar duties necessary for medical mission work.

Main Activities

Hospitals, dispensaries, home visiting, leprosaria, training native nurses, training native compounders, maternity and child welfare clinics, establishing native Medical Mission Sisterhoods.

Missions

Africa, India, Indonesia, Pakistan, Southern United States.

Houses of the Society

Motherhouse and Novitiate— 8400 Pine Road, Fox Chase, Philadelphia 11, Pa.

House of Studies—6th & Buchanan Sts., Washington 17, D. C.

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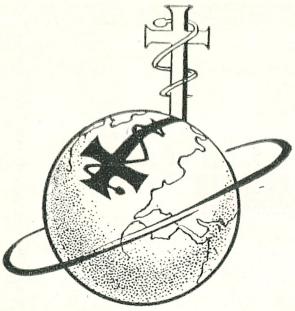
YOUR WILL . . . .

can help the Medical Mission Sisters bring health and healing to the sick and suffering of mission lands. The following approved form of bequest may be used:

"I hereby give (devise) and bequeath to the Society of Catholic Medical Missionaries (also known as the Medical Mission Sisters), an institution incorporated under the laws of the State of Maryland, and its successors forever the sum of $ ..... *for its general purposes."*

If you have already made your will, it is not necessary to make a new one. It is sufficient that a codicil be added, using the above form.



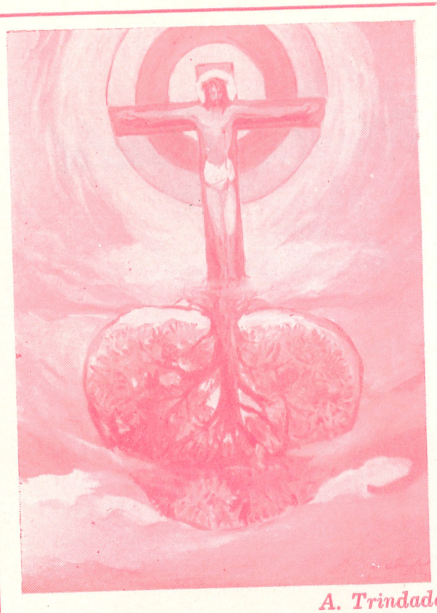
The World Could Not Resist

Mission Intention for August

Statistics usually have little appeal —except perhaps to the statisticians —but they do have their reward. One quick glance, for instance, at the statistical table accompanying this article gives us an accurate and comprehensive view of the tremendous amount of work being accomplished in the medical field alone by the good will and charity of Protestant missionaries. Such statistics commend more forcefully than panegyrics their zeal and generosity for the spread of the Christian faith. Theirs is an apostolate of charity whose spearhead is professional medical care of the sick and needy in mission lands. They seem to have realized even more than we the truth of our Holy Father's (Pope Pius XI) statement that for the modern missionary " . . . unenlightened heroism is not enough." Thus they have flooded the mission field with an exceptionally well-trained battery of Protestant missionaries whose medical mission work outstrips that of the Catholic medical missionaries to a surprising degree.

We cannot wink at such facts. And this is what the Reverend Pierre Charles, S. J. in his study of Medical Missions says "looks like a scandal" the fact that: "To put it bluntly . . . up to recent years, Protestant missions in the world were far ahead of Catholics in the matter of medical welfare. Their hospitals outnumber ours out of all proportion." Of course there are many reasons for this "strange discrepancy" between the medical statistics of Protestant and Catholic missions, reasons which are historical, economic, and psychological as well as religious, reasons which we can not touch upon here. Now, we are more interested in the actual work being done by Protestants in the missions in view of our Holy Father's mission intention for August: the conversion of Protestants in the missions. Comparative figures are often the most graphic way to put a point across. The story they tell us in the medical mission field is that, Protestant hospitals "outnumber ours out of all proportion."

Is it possible that we may have cause for rejoicing even in this "scandal"? Indeed we may, not surely for our own "lagging behind," but for the Protestants' running ahead. It is certainly a cause for joy in the Church that despite over four hundred years of separation from their Mother, Protestant Christians have not lost that spirit of charity which was the outstanding mark of the first followers of Christ. "See how they love one another." In an article of "Efficiency in the Task of Medical Missions," published in the Journal of the Christian Medical Association of India, Jan. 1940, Dr. Rolla E. Hoffman, a Presbyterian missionary in Iran, made this observation:



A. Trindade

The Mystical Body of Christ

Christ wishes a great unity. The tree of Humanity in the picture is encompassed within the Heart of Christ who by His Redemption has made everyone members of His Mystical Body.

The Artist hopes to bring to the minds of all Christian Denominations working for Christ how they are all ONE in the Heart of Christ, in spite of differences of belief.

> . . . the fact of our hospital's rendering a sound, valuable physical service *in the spirit of love* . . . and the people learning to know that *this is Christianity in life,* and that Christ is not a dead prophet but a living force in the world today, is a very important thing in Christianization . . . (Italics mine).

Have we not the right to rejoice that such a "spirit of love" still animates the missionary zeal and charity of Protestant missionaries?

But our rejoicing is sobered by the painful realization that the bond of the "spirit of love" which should bind all Christians—especially those missionaries whose job it is to preach the Christ Who prayed "that they all may be one"—has been severed by the Christian tragedy which history calls the Reformation. And the more we realize how close *in spirit* we are, the more painful do we find the continued separation.

Pain, however, is a salutary thing. It indicates the need of healing. And so the pain that Christians ought to feel should hasten the healing of the breach by our prayers for the realization *in fact* of our Holy Father's urgent appeal for unity among Christians; should make us impatient of delay and make us burn with the desire for a unified Christian Church not in the dim distant future, but here and now.

To visualize what the return of the Protestants to the Mother Church would mean, not only to individual souls who would once again share the riches of their ancient birthright preserved for them by the See of Saint Peter, but also, from a missionary point of view, what such would mean towards the establishment of the Christian kingdom throughout the world is to grasp the significance of Pope Pius XII's intention that Protestants *in the missions* be converted. No one is more keenly aware of the good being done by Protestants in the various mission lands than our Holy Father. Consequently, no one is more desirous than he, as the spokesman for the entire Catholic world, that such goodness in both spirit and deed be united once again, member with member, in the Mystical Body of Christ.

We would have no need then, for statistical tables and comparative figures between Catholic and Protestant missions. There would be only one mission: the Christian mission. All the material and spiritual resources of the various Christian denominations would be pooled and what a wealth would be there! There would be, above all, the one concerted drive of Christ's Love at the heart of the world. And the world could not resist.

PROTESTANT MEDICAL MISSION STATISTICS

AFRICA

	Hosp.	Disp.
Algeria		3
Anglo-Egyptian Sudan	3	37
Angola	12	27
Belgian Congo	61	169
Egypt	6	16
Ethiopia	7	23
French Equatorial Africa	1	34
French Morocco		10
French West Africa—Cameroons, Fr. Sudan, Ivory Coast	12	17
Gambia		1
Gold Coast	2	7
Kenya	12	76
Liberia	3	7
Lybia		1
Madagascar	6	17
Mauritius and Seychelles		2
Mozambique	7	16
Nigeria	21	193
Northern Rhodesia	18	51
Nyasaland	16	107
Sierra Leone	6	10
So. Africa—including Basutoland, Swaziland & Bechuanaland	25	80
Southern Rhodesia	13	27
Spanish Morocco		2
Tanganyika	38	92
Tangier	1	0
Tunisia		3
Uganda	7	50

ASIA

	Hosp.	Disp.
Arabia	5	8
Burma	10	28
Ceylon	5	4
China—including Manchuria and Formosa	359	439
French Indo-China		1
India and Pakistan	257	373
Iran	10	7
Iraq	1	1
Japan (1938)	8	24
Korea	19	17
Malayan Union & Singapore	2	4
Palestine and Transjordan	12	11
Turkey	1	3
Siam	5	8
Syria and Lebanon	8	8

INDONESIA, PHILIPPINES, SO. PACIFIC ISLANDS

	Hosp.	Disp.
Indonesia	79	95
Philippine Islands	13	11
Melanesia—New Guinea, Papua, Solomon Is., New Hebrides	24	64
Micronesia (Fiji Is.)	1	
Polynesia (Hawaii only)	1	1

LATIN AMERICA

	Hosp.	Disp.
Argentina	4	1
Bolivia	2	23
Brazil	9	11
Chile	1	7
Colombia	2	8
Costa Rica	1	
Cuba		6
Dominican Republic	1	3
Dutch Guiana	1	3
El Salvador		2
Guatemala	2	7
Haiti		2
Honduras	1	5
Jamaica	2	
Mexico	9	25
Nicaragua	2	5
Paraguay		3
Peru	3	12
Puerto Rico	4	6
Uruguay	1	
Venezuela		4

COMBINED TOTALS

	Hosp.	Disp.
AFRICA	277	1078
ASIA	702	936
INDONESIA, SO. PACIFIC	118	171
LATIN AMERICA	45	135
GRAND TOTALS	1142	2320

These statistics were compiled by Mr. E. J. Bingle, World Dominion Press, London

We're From Mussoorie

Sister M. Thaddeus, R.N.

We left Patna at 6:00 A.M. on Monday morning, March 6. Between us we had three trunks, two bulging bed rolls, several small suitcases, a wooden crate and "sundry" other small parcels. (To all outward appearances it looked as if we were going to build, not staff, a hospital!!) Considering all the luggage, we breathed a fervent "Deo Gratias" that we had to change trains only once.

We disembarked at Moghul Sarai, a large and, all things considered, a well kept station so we didn't mind waiting. After two rosaries the Dehra Dun Express came thundering down the track (making all of 20 miles per). We walked from one end of the train to the other. Except for one compartment marked — alas all too clearly—PRIVATE MILITARY PERSONNEL *ONLY* — there was absolutely no space for us even without our tonnage. What to do? Well, we did it! We marched our army of coolies into the private car and encamped with a bulwark of baggage.

Everytime the train stopped, and it stopped often, we expected to have our right to be in the army car questioned! In such an event, it was my plan to identify myself as "General Nuisance."

All in all the trip was uneventful, but amusing. The people were very interested in us and both men and women are aghast to learn that these memsahibs don't marry — "Boppity Bop," they say!!

In Dehra Dun, we went to the convent of Jesus and Mary where, as far as I knew, we were to meet Sister M. Vincent. Not only was Sister *not* there, the Rev. Mother hadn't even heard of her.

I knew for certain that Sister Vincent had left Pindi on Wednesday, the week before and here it was Tuesday—where could she be? Elementary, my dear Watson, the Rev. Sister must be in Mussoorie of course. Soo—once again we organized a safari and trekked back to the station and then headed for the mountains.

Well, to make a long story longer, Sister Vincent wasn't in Mussoorie. Later I learned that she had been waiting for four days and three nights for me in the station at Saharonpure. During that time she no doubt won for herself a high place in heaven! Finally she arrived in Mussoorie the day after I did.

Now for a bit about St. Mary's Hospital. We are 7,000 feet high. The view from here is tremendous. On a clear day you can see the snow-capped peaks of the Himalayas. There

are 30 beds; private, semi-private and ward rooms.

The climb up here is a steep one. We are roughly three-quarters of a mile from the nearest road accessible to vehicles; a car, bicycle, or horse-drawn carriage couldn't make it up here. One person on horseback could make it all right, but it's rather hard on the horse! For the most part either you walk or are carried up by four coolies in a "dandy," a chair-affair.

Little by little we moved the mattresses into the rooms, hung curtains, made beds and took inventory. By March 15th, we had only the O. R. left to check, and that's when Sister Marcella arrived.

On the following day we assisted at the First Holy Mass in our chapel (formerly a nurses' bedroom) and the Blessed Sacrament was reserved —another tabernacle in the Society!

Our Altar is a small table and it was rather low for Father when he bent over to kiss the Altar Stone, so we elevated it on four shock blocks. Our antependium is a red-bordered sheet, and our credence table is a white wash-stand. Father Clement (Capuchin Italian Province) donated a little white tabernacle gilded with gold paint—so with the vestments and altar linen given by Holy Family Hospital, Mandar, we have a nice little chapel.

The first patient came the day before we opened. He is a little Parsee boy with the measles! Most of the first night here he cried. Imagine yours truly perched beside the little fellow's bed at 3:30 A.M. reading him the exciting story of Slombang the Elephant Child and his friend Wiggle-tail the Monkey! The two of them got involved with Sharp-tooth the Tiger. In the middle of the excitement Amit fell asleep—and I went to bed (after I finished the story!)

There's a cold wind blowing and several days ago it warmed up enough to snow—before that, all we had was sleet and rain. Still there's more than enough to keep us busy—sterilizing, compounding and reorganizing the ward and dispensary set up.

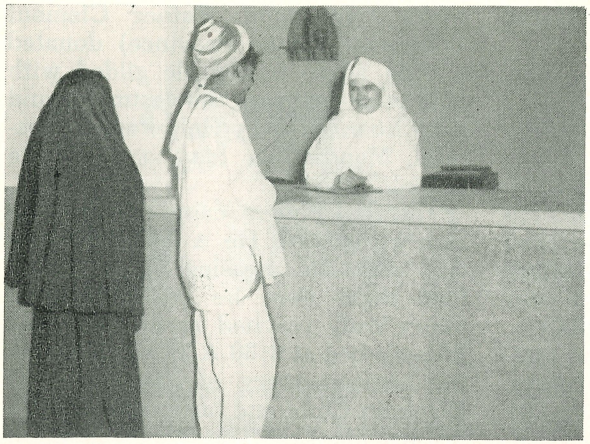
Must stop now and count my toes, they have been numb long since.

CATHOLIC AND EVANGELICALS

The ECUMENICAL PRESS SERVICE, Geneva, Switzerland, which is an inter-denominational news service, June 2, 1950, reports a lecture entitled, "Catholics and Evangelicals," delivered by Rev. Karl Rahner, S. J., Professor at the University of Innsbruck, Austria.

Father Rahner described the present day as being characterized by the common affliction of oppression. "It is an oppression from without; a totalitarian materialism is arising which seeks the death of every kind of Christianity." But something else was observable too—a drawing together inwards. Liberalism in Evangelical theology is dead. We can discuss with one another questions which are really theological, which are being asked within Christianity today by both confessions. The word for today is no longer, 'see how they are at variance with one another,' but, 'See how they are once more beginning to take the question of truth seriously and push it to its conclusion.'

After showing the obligation of all Christians to prepare for unity, Father Rahner concluded with these words . . . "without going too minutely into confessional differences, we can today feel ourselves to be *one* in our love for Christ and the confessing of the *one* Name in which is all salvation."



Sister Constance at the desk

Admitting Desk

Sister M. Kathleen, R. N.

Shall I take you on a short visit to our admitting-general-business-information office? We really shouldn't call it an office because it is closed in on one side only by means of a counter and there is a huge door at each end . . . both of which are always open.

Come with me to the desk, and you will be at one of the most interesting spots in the New Holy Family Hospital. First of all we will sit down and try to straighten out the census and make sure that all yesterday's patients were properly admitted or discharged as the case may be.

Just as we get started, in comes Abdul who cleans our new, shiny, *long* corridors. He is about sixteen and usually greets us with a broad smile and "badshah"—which might be translated, "please move." Abdul will be back at least four times during the morning to ask the time. I think my watch with its snap second hand fascinates him and of course I enjoy trying to put the time into Urdu. Now that census!

Oh, there is a very important looking colonel of the Pakistan army heading in our direction. Like most of the high officers, he speaks English with a decided Oxford accent. He has come to see about the rates as he would like to bring his wife here to have her baby. After discussing the business side of it we will take him and his wife to have a look at our private rooms. His wife, who has on a light-weight black silk burkah which she throws back from her face while in the hospital is a lovely girl of about twenty years with her dark hair in a single braid. As we walk along he proceeds to admire the buildings, rooms, equipment, etc., while his wife walks slightly in the rear. This is always too much for me and I slow up and start up a conversation in my best year-old Urdu with his wife. Of course first I fully agree with him how wonderful everything is and even point out a few things that he missed, but it always ruffles my "Irish" a little to see the woman trailing behind and I always do what I can to make her feel that to us *she* is the important one. If you see me dash from the desk some time during the morning and interrupt a man coming down the stairs it might well be that I am going to remind him that his wife who is six steps behind him has had a major operation and should be helped down the stairs. I realize that it is not the custom of the Mus-

lims to walk beside their women. (The women usually walk about six feet behind the all important male) so I make the suggestion as tactfully as I can. After I explain that she is weak, has been very sick, etc., he will rather self-consciously assist her down the stairs, but when on level ground — off he goes — and down comes the burkha. How much Pakistan needs Our Lady!

I forgot to tell you, the workmen here at the hospital (you know there is quite a section still incomplete) have adapted our desk as their private dispensary. They cause quite a tamasha if they go down the hall to the always busy dispensary. The women all pull their veils over their faces and in general resent their intrusion—so we treat all the minor ailments at the nearby medical ward. The usual complaints are malaria, dysentery, sore throats, cut fingers, all of which we can take care of easily. Once in a while we get a serious case— a bad infection or bad cough—then we have our patient wait and we call one of our busy doctors to take a look at him.

It is about nine o'clock now and the admissions are beginning to come from the dispensary. Here comes the first one. A very poor looking woman, her silwar and chemise a cheap cotton material, her white burkha soiled from the dust of the road. Anxiety written on her face, tears in her eyes, she is holding her only son in her arms—a little boy of three months —very pale, exhausted and extremely dehydrated. Almost before you ask, you know the trouble — dysentery. Really it is pitiful to see how quickly these children go down hill with this disease. We reassure the mother and tell her that we will give the baby injections—first of all subcutaneous saline to make up for the drastic loss of fluid; then the latest medicines to cure dysentery. God willing she will be leaving us in a few weeks with smiles and expressions of gratitude and a cured son in her arms.

What is this? Four burkhaed ladies coming in all at once? Who is the patient?? A frightened looking girl of twenty has come in for a thyroidectomy. With her are her mother and two sisters. We start asking the routine admitting questions. Name? All three of the guardians answer at once so I have to request that only one do the talking. Age? No one seems to have given the subject much thought. Finally the mother says "about 18 years." Address? Arya Mahalla: House number? No one knows.

Sister Kathleen and a Christian patient

Yes they will ask the father tonight and let me know. Religion? That usually brings a smile—since it is quite evident from the burkha. I suppose you know that about 95% of our patients are Muslims. Many of them tell us that they know and respect Christ whom they regard as a Prophet, and when they ask us who is the Lady standing above our desk we tell them Kunwari Mariam and they smile and say yes they know her also.

I think I left you in the middle of

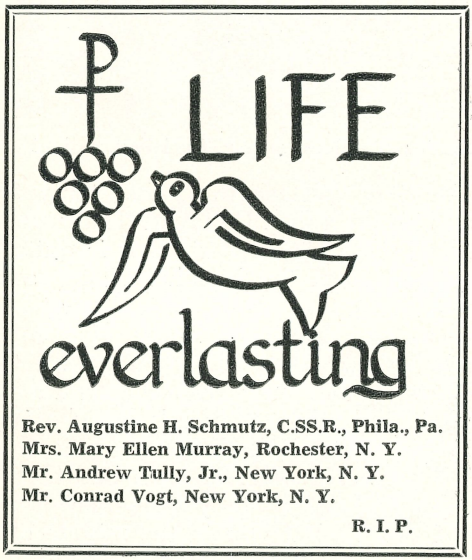
an admission. Before we get the patient safely into bed there will be numberless questions. What kind of food should they bring? When will the operation take place? When may they come to see her? Should someone stay with her? The family ties are really very close among these people and tonight all the brothers, aunts and uncles will be in to see our little patient. I must tell you how courteous these people are—especially with regard to our attempts to master Urdu. Most of our conversation is carried on in Urdu so you can imagine that we "one year-olds" make many mistakes but our patients or their relatives never betray amusement at our attempts. Seeing our good will, they try their utmost to understand us.

Here comes a Pakistani soldier, hot and dusty from his motorcycle ride. He wants to see "the sister in charge." Everyone does—so it is part of our job to shield her if we can. So we try to convince him that we might be able to help him. He gives me a rather important looking note. It seems that a court case is going on and an English Officer has been brought in to testify. The problem of how to "swear him in" presented itself. No, he couldn't take his oath on the Koran so a messenger was sent to Holy Family Hospital to secure the Holy Bible. A quick trip up to the third floor to get one. Never a dull moment!

Peter, our Chaukidar, comes dashing in, "Ek Maris Aya—bahut taklif hai." That usually means that there is a very sick patient waiting outside in a tonga. We take the stretcher, call two men and go to see what the situation is. This morning it is a woman in great pain, in which case we dispense with all questions, chart making, etc. and lead the way straight to the operating room.

Well it is still only about 11:00 o'clock at our little station and soon all the husbands will be coming in to visit the patients (visiting hours 11-12 A.M. and 6-8 P.M.) and almost every one will stop at the desk with some problem.

And before you know it, the bell will ring for noon prayers.



Rev. Augustine H. Schmutz, C.SS.R., Phila., Pa.
Mrs. Mary Ellen Murray, Rochester, N. Y.
Mr. Andrew Tully, Jr., New York, N. Y.
Mr. Conrad Vogt, New York, N. Y.

R. I. P.

Charitable and medical work is not directly intended as a means for conversions; it is its own end: a *disinterested* practice of christian charity . . . The practice of charity is "an essential mission of the Church, which she cannot renounce." There can be no State monopoly of charitable works. The Church's charitable action is universal, excluding no one, whatever be his race, his religion, his social rank. It is a religious activity, which sees in every unfortunate the suffering Christ. (J. Putz, S. J.)

Ward No. 6

Sister M. George, R. N.

I am going up to the nursing and O. B. floor today but before I go, why don't you come through one of the wards with me and meet the patients. The number six ward will be just the one.

This room holds six beds now although originally only four. The first patient on your left is Rukia. She was brought to us over a month ago—terribly edematous and with so much generalized pain and malaise that she absolutely could not walk and cried with pain if she had to be moved. It took three nurses to turn her on her side. She had a hemoglobin in the lower twenties. Her baby is a premature of two weeks but is still alive and Rukia herself is slowly, but very slowly, improving.

In the next bed is Francis. Francis is an orphan of about four or five years old. He has Pott's disease and has himself wrapped up in a "body cast." The cast is no hindrance for him though as he is able to roll from his back to his abdomen with fair amount of ease. His greatest joy at present is a doll—made of plastic tubing. He makes it "Salaam" to his heart's desire. Francis speaks Urdu fairly well but is also coloring his vocabulary with American words and phrases, for instance—one, do (two in in Urdu) tin, (three), char, five.

On the other side of Francis is a little girl about eight years old whose name is Bashuna. She has a congenital heart disease and is having a hard time of it. When she first came to the hospital she was able to go home shortly, but when at home her pills ran out her mother did not bring her to the dispensary for more. After about three days without medication she was admitted again a very sick little girl. It is hard to keep her because she does not understand. As soon as she feels better she is out of bed and then it begins all over. We gave her a box of crayons and a coloring book that some friends sent to us and Bashuna did a beautiful job of filling in the colors.

Right across from Bashuna is another little boy about five years old by the name of Ali Zaman. He is his father's only child and his mother is dead. His father is a tonga wallah who makes only twelve annas a day (about twenty-five cents in our money.) The little boy is in a terrific state of malnutrition and his chances of living are pretty slim. Sister Alma

calls him "Ghandi sahib" and at least that brings a bright smile to the child's face. If someone gives me a cookie or some sweets of some kind I feed it to him and of course he is babut khush! (very pleased).

In the middle bed on the right is Nur Jahan. She came to us several months ago. She is a past-polio patient who is slowly regaining the use of her limbs. She is a rather young woman and is very cheerful. She keeps a motherly eye on the three children in the ward. She was proud as punch when she was able to walk down the hall a little way with the use of a cane and someone's arm.

The sixth and last bed is the present domain of Reshan. She is an old friend of ours. A chronic case — A Kashmir refugee, she is quite a picturesque character. Her karta (veil) is of bright red with fancy stitching all over it. She has ankle and wrist bracelets and each ear has six or seven large rings in it, one above the other. Her husband brings food to her but he asked Sister the other day, just which camp he should get the food from. It seems he is registered in three different camps! Ward Six has a variety you wouldn't find at home.

Note From Patna

It's wonderful to be home again. We've established residence during the last two hours and can find our way to chapel, refectory, bed, etc., although I think I'll need a little map to remember who's who and where they are in the hospital.

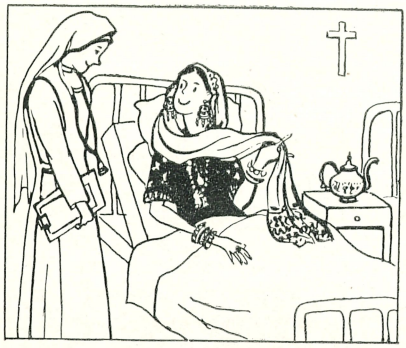
The Sisters at Villa Therese in Bombay, with all the 1,001 things they had to do were never too busy to help us find a telephone number or the post office, etc. We liked their chapel. The appointments were beautiful but it was the space that really appealed—wanted to send a little of our elbow room to you to include in our "new Chapel."

Miss Trindade's sister, Mrs. Rose Rao, is delightful, full of pep and personality. She conducted us on a flying tour of Bombay in two hours. The hedge in the Hanging Gardens gave me a few ideas for our hedge at home. Mrs. Rao pointed out to us that you can tell a woman's religion and also where she comes from by the way she wears her sari.

We will start language class this morning. Today I convinced an old lady—a burned case, to drink a glass full of some concoction by the repetition of two Hindi words and achcha! (Good) The *achcha* helped, I'm sure. We picked out a few words from a grammar book and added a few more Sr. Pauline taught us.

We do much better in our feeble Hindi 15 word vocabulary than we can in French. We're still laughing about our haps and mishaps in Beirut. A request in French to go to "A Roman Catholic Church"—landed us in a Byzantine rite church, after being directed by someone in the French consulate and an Italian cab driver. The priest at the Byzantine Church thought we were Anglican nuns. We thought he was a Rabbi.

Sister M. Ralph, R. N.



Hospital Fashions

Sister M. Martin, R. N.

What! no hospital gowns? After all, what is it that actually convinces you that a place is a hospital if you don't see people tucked in white beds, and watch starched-white attendants gliding down long halls?

Here in Pindi, life is amazingly unconventional, especially among the hospital patients. But after all, conventions aren't basic essentials, — though isn't it remarkable to what degree the things we are accustomed to, become, to our way of thinking, absolutely "the only way."

What brought all this on? The sight of a patient fully dressed in a colorful veil, head shawl, sweater, bracelets, etc., sitting cross-legged at the head of the bed, nursing her newest arrival. On her bedside stand is a crockery water-pot with a saucer-like lid for the long necked mouth and a small-sized squat "tea-pot" metal vessel with open top for drinking hot tea or warm milk, right from the spout — a rather convenient and effective arrangement!

After the morning hair-combing, her veil is kept on her head, even while sleeping. And should the man-servant bringing food to her neighbor, or the sweeper, or tray-bearer chance to come into the ward, she very coyly, but quickly, sweeps the veil over most of her face, faithful to the old, old law that none of the opposite sex, except her own household, may be allowed to look on her face.

Time for actually going home and out into the street—a brisk shake of a bulk of material you had seen on one shelf of her bedside table, reveals a "coverall" burkha, for street wear. At first glance, a burkha makes you think someone is playing a Hallowe'en joke on you, scaring you with a sheet. On closer examination, however, it looks like a fitted cap with long gathered sides all around, about knee length in front, and ankle length around sides and back. Two small net squares in front of the eyes are the only openings, and also the only inlets for air.

Baby's wear is most interesting; a shirt, often hand-knitted heavy wool, sleeveless cardigan, and maybe over that, a perfect miniature of a man's khaki army shirt, complete with collar, cuffs, buttons all down the front and on the sleeves—several sizes too large, of course — heavy knitted booties, and pakka cap to match.

If baby is a boy (cum laude—with great rejoicing), most likely father will trot off proudly with it. If it is a girl, and he's definitely unhappy about the whole thing, anybody can carry it. But in any event, the husband walks first; after him, the relatives; and often behind them all, comes the poor little mother, half a paragraph later, shuffling along, bravely trying to keep up.

Hospital Problems

Sister M. Renee, B. S. Pharm.

Hooks and Huqa

By now we all feel at home at the new hospital. Every day things are getting more organized and finished. One team of workers (5 men and a huqa) is busy with oiling and polishing the terazza. Don't think the huqa (pipe) isn't important either. If they didn't have that they wouldn't be able to work. I used to think it was the polish that had such an awful odor but now I know it's the huqa (pipe) or rather the cheap tobacco.

The pictures too are gradually finding places on the walls. Hanging a picture is not as easy as you think. First you have to decide where you want it; then mark the spot or call a man to mark it; then another man to make a hole in the cement, and then another man to fill the hole with a wooden peg and put a nail in the wood to hold the picture.

D. D. T.

Yesterday we began the war on flies, mosquitoes, etc. by completely spraying the hospital with DDT and Gamhexane. Even now I can hear some in their death throes. There was enough here before the spraying so that the effects were dramatic. The Gamhexane doesn't smell so nice but it is effective. In twenty minutes that special buzzing starts that heralds the demise of flies and mosquitoes and from then on you keep brushing up dead flies. It's almost like ending a plague.

Urdu Inside Out

Our new Urdu teacher is quite fussy about pronunciations. He not only wants us to make a different sound for hard and soft "r's," "d's," and "t's" but to recognize them when he says them. The poor man was bothered by the resonance of the room in which we had class and said that the reason why we didn't hear the difference was because of the *accoustics*. Now we have class outside and I'm sure he's found out it isn't the room but us; however he is too polite to tell us.

Rag-Mop Revolution

We've had trouble getting sweepers. On Friday we started a revolution—substituting long handled wide brushes and mops instead of the hand broom and rags they have used for centuries. Sr. M. Rosina handed them out, one of each kind, showed how it was used and then watched for what would happen. When they saw how much quicker it worked they were converted and were all jealously awaiting their turn to use the mop. We were all so glad that they accepted them so easily. Now we can safely invest in a supply of long handled cleaning equipment.

MEET THE PEOPLE

Leader of Women

For the people of a new nation newly-born in the world of nations, their leaders are usually the embodiment of the aims, principles, ideals, national code, to which they have recently pledged allegiance. Begum Liaquat Ali Khan, wife of the Prime Minister of the new Pakistan Government, has stepped forward to assume a true responsibility in her new role as leader, intent upon helping the women of her nation. Her background and extensive education have well equipped her for the heavy task.

The Begum was born in Almora, a resort center, high up in the Himalayan mountains, in the United Provinces, India. She received her early education at Naini Tal and Lucknow and in 1927 obtained her B.A. degree from the Isabella Thoburn College. For her master's degree in Economics and Sociology, she attended Lucknow University, where she was the only girl in her class. Her thesis, "Women Labor in Agriculture in the United Provinces, India," which she submitted for her degree, was acknowledged as the best thesis of the year and brought her a high Honors' grade and much acclaim from her professors. After taking a year's Graduate Teacher's Training Course at the University of Calcutta, she was employed on the staff of the Indraprastha Girls' College in Delhi, where she taught for a year and a half. In April, 1933, she married Mr. Liaquat Ali Khan, who became Prime Minister of Pakistan in 1947, and side by side with him, she has worked to develop their new nation.

Begum Liaquat Ali Khan

Shortly after the establishment of Pakistan in August, 1947, the Prime Minister made his headquarters in Lahore, where refugees were pouring in by the hundred thousand—ragged, penniless, ravaged by disease, starvation and hardship. Thousands of dead and dying lined the streets; cholera broke out; vaccine was unobtainable locally or from India; hospitals were overcrowded, disorganized and hopelessly understaffed.

Independence thus came as a challenge to the women of Pakistan who had little previous preparation or training to meet such a situation. It was then that Begum Liaquat Ali Khan formed the Pakistan Women's Voluntary Service to organize and coordinate women's activities, and to cope with the gigantic task of feeding and looking after those who lost their all. Besides the work of or-

ganization and coordination, she took her turn in tending the sick, visiting camps, organizing transport and supplies and driving out in the trucks which nightly toured the streets and outlying areas of the city distributing blankets, clothing and food to those who were unable, for any reason, to reach the main camps and distributing centers.

While in the midst of this emergency work, the lack of adequate medical facilities, especially in the line of trained personnel, nurses, midwives, etc., became apparent to Lady Liaquat. She at once made a nation-wide appeal to the Muslim girls of good families and education, to come forward for training. This was uphill work at the start, for it entailed a clash with old prejudices and customs. She fought against them and at the same time worked for the overhaul of the general living conditions, wages and social status of the nursing profession. She invited the nurses to meet her in her home, and attend her parties so that they might receive the recognition due to them as members of an honorable and nationally important profession.

She also visited the then-existing hospitals in the country, including Holy Family Hospital in Rawalpindi, to ask admission for Muslim girls as nurses, and to get an over-all view of the situation.

The Pakistan Women's National Guard, the Pakistan Cottage Industries Association and the All Pakistan Women's Association were all instigated and formulated under the Begum's guidance as a further development for the new Pakistan.

All this political activity has not kept Lady Liaquat from being a real mother for her two sons, Ashraf, 12, and Akbar, 8. She is an accomplished pianist and has a lively interest in classical music which has influenced the culture of her home.

Here, as well as in her political life, Begum Liaquat Ali Khan has shown herself to be a true leader and her driving personality has done, and will do, much to help Pakistan grow and be a definite influence in the world.

Photo and material for this article, courtesy of "Pakistan Affairs" Pakistan Embassy, Washington, D. C.

Growth of Nurses in Pakistan

The first annual meeting of the Trained Nurses' Association of Pakistan was held in Lahore, February 17-18, 1950. Over sixty members were present; they represented the areas of Quetta, Karachi, Sialkot, Montgomery, Peshawar, Rawalpindi and Lahore. There are now nine local branches. It is estimated that there are now about five hundred registered nurses in Pakistan, and of this number 38 per cent belong to the T. N. A. P.

Mission Secretariat

A MISSION SECRETARIAT has been organized with headquarters at N. C. W. C., Washington, D. C. It is a central mission bureau dependent on the National Director of the Propagation of the Faith, His Excellency, Bishop McDonnell. Its purpose is to help religious missionary Societies—to provide helpful contacts and exchange of ideas; to help deal with governmental and non-governmental agencies that have a bearing on mission work.

TWI (Twee) TALK

Twi is the basic language spoken by the principal tribes in the Gold Coast

The rains came, the grass grew tall, and Sr. M. Paula took upon herself the job of teaching Amadu, our big Mohammedan laborer, the art and joy of horticulture.

You could see by the *new look* of the grass that Amadu was becoming interested in his gardening. With his cutlass he was now cutting it within six inches from the ground instead of the former ten inches.

Then one of the special trees which we had been nurturing was attacked by destructive white ants. What to do? I told Amadu to fill a large tin with rich soil and to put the little tree inside.. "Yassuh, Sistah," and I left him filling the tin. Later I noticed the soil-filled tin, and Amadu busy on another project.

"Where is the tree, Amadu?"

He responded with a look that said: I thought YOU would provide that.

"No, Amadu, the tree the ants were eating, remember?" . . .

"Oh, he be there," and he pointed to the firmly rooted tree. I explained again—three times. Complete understanding.

"I make small hole here," he said, indicating the bottom of the tin and describing a circle about three inches in diameter. I marvelled at his aptness—a hole for water drainage! The size was big, but at least he had ideas about it.

Off Amadu went, while I slowly returned to the dispensary, wondering if I ought not stay and supervise. When I returned later, all my misgivings about his talents were verified. The tree, its main branches cropped off, still stood in its ant-infested spot. Around the tree, was the tin. The tree was in the tin all right, and it got there by way of the small hole.

Amadu

So just as if we had never discussed the tree before, I began again, "Amadu, I want the tree taken out of the ground entirely, and put inside the tin."

A big smile came over his face which seemed to say, "Why didn't you say that before?" Heaven help me! What did he do but pull the tin up over the tree as one would pull off a sweater, deleafing it again, replace the piece from the bottom of the tin, yank out the tree, and into the tin went the poor little tree . . .

"Yassuh, Sistah, YASSUH!"

medical mission Chits

"LORD, INCREASE OUR FAITH!"

Just recently a young Chinese man dying of cancer was brought to us. He seemed to be a fine fellow, and after a short time, asked for instruction in our Faith and Baptism. Later he made his first Communion, and last week he was confirmed and anointed. This man may have been only a "novice" in the Faith, but he was a real inspiration to us. Though suffering intensely— blood was streaming from his face all the time—he insisted on getting out of bed and kneeling on the floor during the administration of the Sacraments.

Sister M. Adelaide, Patna

LINGUISTS HEAVEN

Are you linguistically inclined? Then you'd find Karachi a little Heaven where you could spout languages to your heart's content! Glancing through our admission book not long ago, I noticed that patients from Ceylon, China, Norway, France, England, Holland, Ireland, U. S. A., New Zealand, Greece, Poland, Italy, Iran, Iraq, South America, Canada, Japan, Tibet, Burma and Afghanistan have registered here during the past year. No, it's not the fame of our hospital! It's the fact that Karachi is a port city. People from other countries are continually going through here.

Sr. M. Regina, Karachi

MEDICAL MISSION COURSE

A two-year course in medicine for missionary priests and nuns has been instituted by the Spanish Superior Council of Missions in Madrid.

Separate courses are given for men and women, and those taking part will do practical hospital work.

Seminarists and novices authorized by their superiors may also take the course.

The institute will be known as the Spanish School of Medicine for Missionaries. (Universe, June 20, 1950).

CONGRATULATIONS

On February 13, 1950 the Medical Mission station of Mariannhill, which Dr. McMurtie established celebrated its Silver Jubilee. Dr. McMurtie is a convert and a great Medical Mission pioneer. Mother Dengel had the privilege of meeting Dr. McMurtie and of visiting the Mariannhill mission on her journey around the world in 1936. We congratulate Dr. McMurtie and the Sisters of the Precious Blood, who conduct St. Mary's Hospital and training School for Nurses, and wish them continued success.

St. Camillus, Patron of Hospitals, Nurses and the Sick

"If there were no more poor and sick among us, we would have to dig to the center of the earth to find them." These words of St. Camillus de Lellis (1550-1614), founder of the Clerics Regular Ministers of the Sick, give the spirit of his great work of caring for the sick.

May 25 was the 400th anniversary of the birth of St. Camillus, "Patron of the Sick, Hospitals, and Nurses." The large red cross worn on their garb by members of his order antedated by 300 years the emblem of the modern Red Cross as a symbol of aid. The Order of St. Camillus cares for the sick and the dying in the hospital, in the private home, on sea, and on the field of battle.

In his youth Camillus gave no sign that he would be anything but a confirmed worldling. Himself a soldier, he was the son of a high ranking officer in the army of Emperor Charles V. It is reported that he could swear in all the dialects of the Italian tongue, and he was always spoiling for a fight. Gambling was his besetting passion, and he would put up his last shirt on a roll of dice.

The first step in the roistering soldier's rehabilitation came when he suffered a festering wound in the leg. He was finally dismissed from the hospital because of his quarrelsome disposition, but his stay had given him an acquaintance with the sick and suffering. He returned to service.

On February 2, 1575, as he was riding on a packhorse, Camillus was moved by the grace of God to remorse for his sins. Twice he entered the Capuchin order, but had to leave both times because the rough Capuchin garb reopened the wound in his leg.

He returned to the hospital. When he recovered, he changed his soldier's uniform for nurse's garb. In 1584 he founded his order to foster care of the suffering and distressed. The remainder of his life was devoted to the sick—in Rome, Florence, Naples and Nola.

At the point of death, in 1614, St. Camillus gathered the members of his order about him. He left them his heritage of fervent charity toward the sick, in accordance with his motto: "A brave soldier dies on the battlefield, and a good servant of the sick in the hospital."

Unlike the selfish and unbelieving of our day, who would rid the world of an unwanted burden by killing the aged, the suffering, the incurably ill, St. Camillus knew that the poor, the unfortunate, the sick, are not only endowed with immortal souls, but are frequently chosen souls of God, by their sufferings sharing in the work of redemption—*The Register*

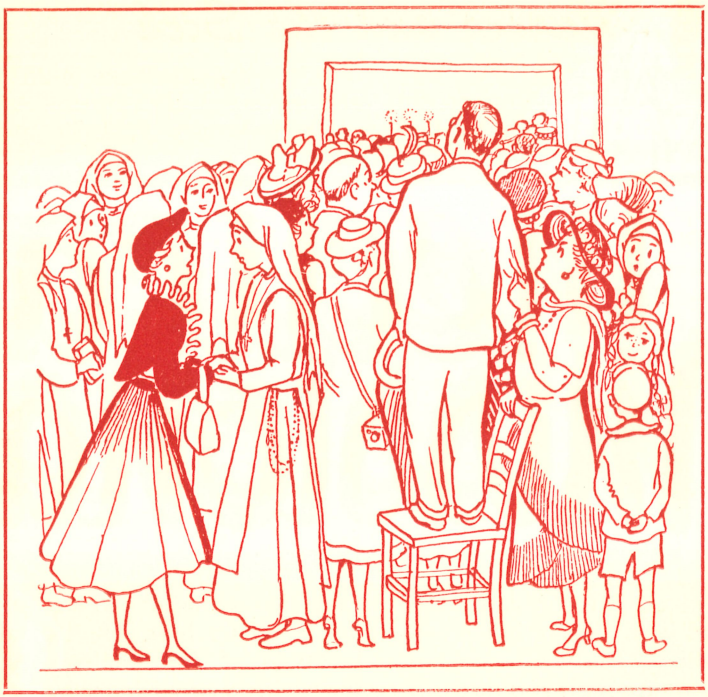
MEDICAL MISSION SISTERS
8400 Pine Road, Fox Chase, Phila. 11, Pa.

Kindly send THE MEDICAL MISSIONARY to:
$1 for 1 year — $5 for 6 years

Name _____

Address _____

City _____ **Zone** ____ **State** _____



But Sister, I HAVE TO get in. My daughter is in the ceremony!

Dear St. Joseph:

We hate to disturb you during these warm summer months but we have a problem which has to be solved before August 15th.

On the feast of the Assumption, 12 novices will pronounce their first vows and 20 postulants will be invested with the habit. Picture this, St. Joseph, if you can: Our chapel seats 40 uncomfortably—we are 110; the Cardinal's Delegate, our Chaplain and two altar boys crowd the sanctuary, leaving no room for visiting clergy. And the parents of the Sisters, where will they sit???

You are the patron of family life and this is a family problem, please ask your friends to help us build a chapel NOW. Thank you, St. Joseph.

Confidently yours,
ANNA DENGEL, M. D.

Are You a Friend of St. Joseph?

Dear Mother Dengel, here is my contribution

$_____ towards your new chapel.

Name _____

Address _____

City _____ Zone ____ State _____